

PETITIONER OR ATTORNEY (Name and Address): <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:		
NOTICE OF REVIEW HEARING—JUVENILE <input type="checkbox"/> 6 MONTH <input type="checkbox"/> 12 MONTH <input type="checkbox"/> 18 MONTH <input type="checkbox"/> OTHER		CASE NUMBER:

NOTICE TO (name and address):

1. A REVIEW HEARING will be held

on (date):
at (time):
in Dept.:
Room:

 located at ☐ court address above ☐ other (specify address):

2. At the review hearing, the court will consider the recommendation of the social worker and make an order concerning the following children (names):

3. THE SOCIAL WORKER RECOMMENDS
 - a. ☐ A change in placement, custody, or status (specify):
 - b. ☐ No change in placement, custody, or status.
 - c. ☐ Other (specify):

4.

TO THE PARENTS, GUARDIANS, AND CHILDREN:

 - a. **You have the right to be present at the hearing, to present evidence, and to be represented by an attorney. The court will appoint an attorney for you if you cannot afford one.**
 - b. Prior to the hearing, the social worker will prepare a report with recommendations. Parents and guardians must be provided with a copy of this report.
 - c. The court will proceed with this hearing whether or not you are present.

5.

TO THE PRESENT CUSTODIANS OF THE CHILDREN:

 - a. You may be present at the hearing.
 - b. You may submit relevant written material to the court.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PETITIONER)